Bedford Hospital NHS
NHS Trust

Trust Board **Agenda item: 1.4**

Minutes- PART 1

Minutes of a meeting of the Bedford Hospital Trust Board held on Wednesday 5 April 2017, Committee Room, Bedford Hospital.

Attendance

Name	Title	Present ✓	Apologies ✓
Members			
Mr G Johns	Chairman	✓	
Mr S Conroy	Chief Executive	✓	
Mr D Gear	Non-Executive Director	✓	
Dr D Gregson	Non-Executive Director	✓	
Mrs D Kobewka	Non-Executive Director	✓	
Dr C McCall	Non-Executive Director	✓	
Mrs T Brigstock	Acting Director of Nursing and Patient Services	✓	
Ms K Ward	Chief Operating Officer	✓	
Mr D Reid	Director of Finance	✓	
Mr P Tisi	Medical Director	✓	
In attendance			
Mr M Thompson	Director of Corporate Affairs	✓	
Ms O Monkhouse	Director of Workforce and OD		✓
Ms J Kelly	Corporate Governance Administrator	✓	
Mrs A Buck	Deputy Director of Workforce and OD	✓	

Minute No	Minutes
1	**Introduction and Administration**
1.1	**Apologies and Welcome** Apologies were received from Oonagh Monkhouse.
1.2	**Declarations of Interest** No new declarations of interest were declared.

1.3	**Patient Experience** The Acting Director of Nursing introduced Ms Sue Collins, Matron for Integrated Medicine to the Trust Board to present an update on the refurbished Primrose Unit. Ms Collins informed the Board that the refurbished unit opened in September 2016 and provided a much improved environment for patients and staff. It was noted that prior to the refurbishment no patient complaints had been received but a mock CQC inspection had identified improvements that could be made to provide more space and better toilet facilities to improve patient experience. The Board were informed that the nurses station had been moved to the centre of the unit so that nurses could see all patients at all times. The drug preparation and storage unit had also been made bigger to ensure that the trust could continue to comply with legislation regarding the storage of drugs as the numbers of patients increased. The Board were shown photographs of the new unit and were informed that the new windows and doors along the back of the unit meant that patients could have their chemotherapy treatment outside if they wished. Mr Johns thanked Ms Collins for attending and informed the Board that he had been there at the opening of the unit and was very impressed with the refurbishment. Dr Gregson queried how it had been decided which colour scheme to use in the unit and wondered if it had been an evidence based decision. Ms Collins informed the Board that it had been the Estates department's decision to use a beach theme in the unit in discussion with Primrose Unit staff. Mr Gear queried if the larger space created had increased capacity on the unit. Ms Collins informed the Board that the increased space had not meant that additional chemotherapy chairs had been put in to the unit, rather that each patient now had more space around their chairs improving privacy. In the future the trust could consider moving non-chemotherapy treatment out of the current space to increase the room for more chairs if required. Mrs Kobewka queried how much chemotherapy is carried out at the trust vs in the patient's own home. Ms Collins informed the Board that currently no chemotherapy treatment is administered outside of the trust premises, although a chemotherapy bus was being considered to travel out to patients who live in the Sandy and Biggleswade areas. Mr Conroy queried why a bus in particular. Ms Collins informed the Board that Bedford Hospitals Charity had considered fund raising for a mobile chemotherapy unit, the idea was in early stages of discussion and patient feedback was being asked for. Dr McCall queried if any examples in practice had been looked in to and advised that a charity called Tenovus are in operation in Wales providing this service and suggested that the

	team consult with them to inform their decision making. Mr Conroy suggested that the East of England Cancer Network also be consulted. Ms Ward agreed that more innovative ideas needed to be looked in to rather than increasing capacity at the trust. The Board thanked Bedford Hospitals Charity for the substantial donation that was made towards the refurbishment of the unit.
1.4	**Minutes of the Part 1 Meeting held 1 March 2017** The minutes of the previous meeting were approved as an accurate record subject to the following amendments: • Page 5, paragraph 3 – the *Divisional Director for Planned Care* introduced the performance report. • Page 5, paragraph 4 – The Board was informed that the hospital is safe and targeted *monitoring* was taking place through the Quality and Clinical Risk Committee. • Page 7, paragraph 3 – Mandatory training was improving and targeted *monitoring* was taking place through the Quality and Clinical Risk Committee.
1.5	**Matters Arising/ Action Log** 331 – Complete 341 – Complete 342 – Complete 343 – Complete
1.6	**Chair and Chief Executive's Update** The Chair updated the Board on key recent issues of note; • He had attended the STP public engagement meetings that took place at the beginning of March in Bedford, Flitwick and Luton. All three meetings had been well attended and were delivered well by STP representatives. • He had attended the liver disease awareness day that had taken place at the trust on the 8 March. • A new Palliative Care Consultant had been appointed. • The Chairs and CEO's of all three BLMK acute trusts had met with Pauline Phillip to review progress of the STP. • He had met with the Chair of Bedfordshire Clinical Commissioning Group, Alvin Lowe and they had agreed to meet bi-monthly going forwards. He reported that progress was being made towards GP hubs, discussions continued and locations had been identified. • He had attended the Operational Support Services quality meeting and it was suggested that Non-Executive Directors should visit support services as well as clinical areas.

	• He had met with Joe Harrison, CEO of Milton Keynes University Hospital to discuss the STP process. • Mr McKeever had resigned as a Non-Executive Director and the Chair expressed his thanks for Mr McKeevers work with the Board and as chair of the Finance Committee. The Chief Executive updated the Board on key issues of note; • He had attended the Midlands and East Chief Executive's meeting with Jim Mackey, Chief Executive of NHS Improvement to discuss the year end position. Bedford Hospital is in the top 2 of Midlands and East trusts for performance. • He had participated in mock interviews for aspiring directors on the Accelerated Director Development Scheme (ADDS). The scheme is set up as a means of succession planning for the next cohort of executive directors. It is hoped that ADDS will become a nationally recognised programme as there is not currently a talent management regime in the NHS. • He had interviewed for a Director of Corporate Affairs to replace Mike Thompson whilst he is on secondment and there had been two appointable candidates. • Matthew Tait had resigned as Accountable Officer for Bedfordshire Clinical Commissioning Group.
2	**Strategic Issues**
2.1	**Sustainability and Transformation Plan (STP)** The Chief Executive informed the Board that a number of meetings had been held to engage with staff at the trust to update them on the STP process and to seek their views. The meetings were well attended and staff feedback had been recorded. Similar meetings were taking place across all three acute trusts. The Five Year Forward View document had named the Bedford, Luton and Milton Keynes STP as one of the nine most progressed STPs in moving towards an Accountable Care Organisation. The benefit of moving quickly would provide better access to capital.
	Staff health and wellbeing CQUIN All Trust Board members stood up and continued the meeting. The Director of Workforce and Organisational Development explained to attendees that the trust had signed up to a health and wellbeing CQUIN to encourage staff to stand and move around more due to the muscular-skeletal impacts of long periods of sitting down. All meetings lasting longer than one hour would require attendees to stand after an hour had passed.

3	Performance and Assurance
3.1	**Integrated Performance Report** The Acting Director of Nursing introduced Ms Shirley Jones the newly appointed Head of Midwifery to the Board. Ms Jones attended to brief the Board on the maternity indicators and informed members that the most significant impact KPI is the stillbirth rate per 1000 for which the trust is RAG rated green. Ms Jones informed the Board that the trust is participating in the NHS England Saving Babies' Lives initiative. There are four elements to the initiative covering a series of interventions and improvements to quality of care. The Bedford Hospital maternity unit had also been selected to participate in a national health and safety collaborative. Ms Jones highlighted the key points in the dashboard: • Changes have been made to the way the data is collected for the KPI for 1:1 care in established labour. The KPI is currently RAG rated as amber but Ms Jones believes the unit is performing better than this suggests and expects that the March figure will be 100%. • The emergency caesarean section rate is believed to be linked to the peak in inductions over the summer and is now reducing. Ms Jones informed the Board that the doctors on the unit were working together collaboratively to ensure that the reduction continues. • A whole pathway review is being undertaken to inform work taking place to promote models of normality for delivery. It is intended to raise the profile of the midwifery led birthing unit in order to support an increase in the normal delivery rate. Mr Johns thanked Ms Jones for attending and asked if the CQC were to re-visit the maternity unit imminently how confident Ms Jones is in the improvements that have been made. Ms Jones informed the Board that since her appointment she had seen many examples of positive practice, improvement plans were being monitored monthly and a new maternity dashboard was being implemented. The new dashboard would be reported to the Board by exception to ensure the Board remains sighted. Mr Johns asked how many actions were outstanding on the improvement plan. Ms Jones informed the Board that all large actions had been completed and signed off and she felt confident that should the CQC revisit, the department would be viewed as much improved. Dr Gregson felt that it was clear that quantitative improvements had been made but queried if the issues regarding culture had been resolved. Ms Jones informed the Board that external organisational development support had been commissioned to work with the band 7 staff on the unit and this work was nearing completion. Ms Ward informed the Board that the external organisational development people were working with both medical and midwifery teams on human factors work to ensure the teams are brought together. Dr Gregson agreed that joint ownership is important.

Mrs Brigstock informed the Board that a quality assurance external visit was taking place on the unit that day for external validation. Executive Directors had been allocated areas of the trust to buddy with and Paul Tisi is the executive lead for maternity services, announced and unannounced inspections would take place as part of the programme.

Mrs Kobewka queried how the process for booking home births works. Ms Jones informed the Board that expectant mothers book in with Bedford Hospital midwives and can request a home birth or change their minds at any time. It was reported that evidence shows that the safety rate for home births is the same as it is for hospital births for normal deliveries and the maternity team would be communicating this through their review of the normal birth pathway.

The Chief Executive introduced the integrated performance report and the executive summary was taken as read.

The Associate Director of Operations introduced the operational performance section and highlighted the key points;

- The trust had achieved the A&E 4 hour target for March. Flow through the hospital had been good and the red/green day initiative had made a big difference. Stability in the site team had ensured that escalation processes were working well and there had been strong clinical engagement.
- Referral to treatment performance for incompletes YTD remained well within the national standard of 92% at 93.48%. T&O performance had turned around with good ownership from the department. Ophthalmology remained a risk but a robust recovery plan is in place and more space would be provided to the department to meet demand.
- The trust was robustly managing the backlog for cancer and had achieved the target for December and January.
- 10 community beds were funded in March but had not been funded permanently and discussions were taking place with the CCG regarding capacity in the community going in to the 2017/18 financial year.

Mr Gear referred to the monthly A&E attendances graph on page 2 of the report and noted that attendances had reduced from December to February but the target had not been met. Ms Ward informed the Board that this was due to a correlation between the target and the complexity of patients admitted leading to an increased length of stay. The case mix had included an increase in the admission of patients over 85 from care homes. Ms Ward informed the Board that the trust now had an integrated post with SEPT for a trial period which was enabling better management of flow back out in to the community.

Dr Gregson welcomed the way the executive team spoke in terms of quality for the patient but thought that the report used language more around meeting targets. Dr Gregson therefore requested that the narrative in the report reflected the verbal narrative given at the meeting.

Mrs Kobewka informed the Board that she had visited A&E that morning and gained good insight in to how the team works together operationally but was struck by how small the department is. Mrs Kobewka had been taken through the daily briefing board for the whole hospital and was surprised that this was a manual hand written white board. Ms Ward informed the Board that there is an electronic board in the operations room that gives a whole hospital view but meetings were temporarily being held in the A&E department to ensure that the team can participate and enable clinical buy in without moving too far away from the department. Moving the operations room closer to A&E was being looked in to.

Dr Gregson queried why the safeguarding board were not engaged regarding medically optimised patients remaining in acute hospital beds as the potential loss of independence should be viewed in the same light as pressure ulcers. Ms Ward informed the Board that the safeguarding team were assessing patients when harm and been foreseen and identified. Mr Conroy informed the Board that Bedford Borough Council had received £2m additional funding for social care and proposed inviting the chief executive and director of social care to meet with Board members for a constructive discussion around how the money could be best spent to benefit patients.

Action: Chief Executive

The Acting Director of Nursing introduced the Reducing Harm section and highlighted the key points:

- There was one SI declared in month which was also a never event. A patient had been admitted to critical care for haemofiltration. Following insertion of a vascath the doctor noted that the guidewire was missing. The patient had the guidewire removed the following day uneventfully. The incident had been reported appropriately and was under investigation. The Medical Director informed the Board that this had been human error rather than a process issue and learning would be disseminated through the quality newsletter.
- The falls with severe harm or death KPI was reported as 12 year to date and had remained the same for March. The target of 10 for the year had been breached and a thematic review had been discussed at length at the Quality and Clinical Risk Committee. Rick Watson, Head of Therapies was leading a review of falls at home and progress would be reported to the Quality and Clinical Risk Committee.
- The trust had achieved the CDiff target for year-end following a

successful appeal of 3 cases with the CCG. Proactive work continued to take place across all wards.

Mr Johns noted that the number of births that had taken place at the hospital in year had reduced from the previous year. Ms Ward informed the Board that the Lister Hospital had a new maternity unit and suspected that some patients had chosen to go there. Mr Conroy informed the Board that there were no concerns regarding quality of the service or loss of income and only a small market share had been lost but felt it was important to increase the publicity around the unit with some proactive promotional work.

Action: Director of Workforce and OD

The Medical Director introduced the clinical outcomes section of the report and highlighted the key points;

- The summary hospital level mortality indicator (SHMI) had reduced to 1.03
- A seasonal increase in crude mortality was seen as expected annually but the figure reported for February was above the acute peer and was being investigated as the increase was seen when the hospital was under immense pressure. Mr Tisi reported that the cause for this could be end of life patients being admitted inappropriately due to there being no available beds in the community. It was noted that the crude mortality rate had reduced significantly in March.
- The trust performance for September 2016 to February 2017 is in line or favourable compared with the small hospital peer for six key indicators, except for the rate of deaths within 30 days of elective surgery (3 deaths out of 6692 cases in 6 month period). The small acute peer group does not undertake vascular surgery so this potentially will skew the outcome comparisons. One elective death had been inaccurately coded reflecting a booked admission via the Hospital at Home team for management of dehydration.
- There were no incidents of either MRSA bacteraemia or C.Difficile in-month.

Dr McCall informed the Board that she had attended a meeting regarding the national reporting of mortality indicators. Updated guidance is awaited and would be worked through at the mortality board. KPIs would be included in the report dashboard. Dr McCall reported that the hospital has good mortality processes but needs more data regarding deaths in the community in order to make the link for patient experience. Mr Tisi informed the Board that there is currently not a process in place for the collection of mortality data in the community and he would look in to how this can be actioned.

The patient experience section of the report was taken as read.

	The Deputy Director of Workforce and Organisational Development introduced the workforce section of the report and highlighted the key points; • Total trust turnover had increased to 13.25% against a KPI of 10-12% • Agency usage and spend decreased from January but remained high. • There was a pressure point in maternity related to maternity leave and sickness and plans were being developed to address this. • There was a strong focus on staff retention. Exit interviews were taking place and plans were being put in place to address any identified issues or concerns. Staff had reported concerns regarding the STP process and an increase in communication was being discussed with the STP communications team. Discussion were also taking place with staff groups regarding their career pathways and how to access education to ensure that staff feel valued. Mr Conroy requested that the reasons for staff staying and leaving be included within the report. Mr Johns requested that when the staff retention analysis had been completed it be brought to the Board as a thematic review. **Action: Director of Workforce** Dr McCall emphasised the importance of mandatory training and appraisals taking place so that staff have the opportunity to discuss their education and development plans. Mrs Kobewka noted that agency spend had increased sharply but sickness absence had decreased. Mr Conroy reported that this was due to an increase in vacancies, analysis was taking place and would be reported back to the Board. The Director of Finance introduced the financial compliance section of the report and it was taken as read.
3.2	**Finance Reports** **3.2.1 Financial Report M11** The Director of Finance introduced the report to the Board highlighting the key points; • At the end of February 2017 the trust was reporting an income and expenditure performance of £8.8m deficit, £0.125m better than the forecast deficit plan of £8.9m. On a straight-line basis the trust was on track to deliver the control total. The in-month position was an adverse variance of £30k. • Income for NHS patient care activities was £1.5m favourable against

plan, including TfE schemes, after penalties and contract adjustments.

- Pay costs - The in-month overspend against plan was over £0.6m, with a medical staff overspend of £0.4m and nursing overspend of £0.1m. Cumulative pay costs ended the month £2.3m higher than planned. The spend in month was £0.3m higher than the average monthly spend for the last twelve months - £10.1 m. The overspend year to date is due to a combination of locum and agency expenditure, backdated payments in respect of job planning agreements for medical staff and partly due to the increased activity.
- Non-pay costs - At £4.9m for the month, the spend was £1.1m lower than the average monthly spend for the previous twelve months and £66k higher than the budget in-month. Cumulative non-pay overspend at the end of February was £4.0m, before deployment of reserves of £0.6m. The month's movement was primarily within drugs and services received. The overspend against budget in areas of non-pay related to patient care is as a result of the higher levels of patient activity.
- Cash flow was better than had been expected as the CCG had paid the trust more cash than had previously been anticipated and was now £2-3m ahead. Tax and national insurance payments would therefore be paid early.
- The capital target had been achieved and statutory duty had been met.

Mr Reid reported that the trust would meet its deficit control total for 2016/17.

Mr Reid informed the Board that underlying pressures had been building over the preceding months and new cost pressures had been identified, the budget would be refreshed during M1 of 2017/18 and the run rate updated.

Resolution had been reached with the CCG regarding contract challenges and the trust would not need to trigger a formal dispute process.

Mr Gear referenced the ongoing claim in relating to the trust hosting Milton Keynes Community Health Services and queried if there was any risk that the auditors would make provision for this in the 2016/17 accounts. Mr Reid agreed to discuss this with KPMG and informed that the issue was not in a formal dispute process.

3.2.2 Report from Finance Committee

The report was taken as read.

3.2.3 Working Capital Resolution
The Board ratified the resolution.

3.3	**Report from Audit Committee** The report was taken as read. The Board noted the report. Mr Johns noted the reference to under resourcing of the finance department and asked the Director of Finance if this was causing any issues for year-end reporting. Mr Reid informed the Board that the capacity of the team was limited but they were capable of carrying out the required work. Going forwards a stronger team to deal with the level of challenges would be needed.
3.4	**Estates Strategy** Mr Todd, Director of Estates attended the Board to present the Estates Strategy. The strategy was taken as read and the key points highlighted. The SWOT analysis of the existing estate was discussed in full and it was noted that additional capacity needed to be created in A&E - this would be helped by the redevelopment of the Cauldwell Centre to bring primary care services on site. Mr Johns thanked Mr Todd for attending and commended the strategy suggesting that a Board seminar take place to discuss developments in the future. Dr Gregson welcomed the strategy and felt that risk appetite was a key issue needing Board support. Mr Thompson suggested that the previously requested Board seminar could include discussion around risk appetite and the impact of the STP process on the Estates Strategy. It was agreed that the seminar would take place when the case for change had been published. **Action: Director of Corporate Affairs.** The Board approved the Estates Strategy.
3.5	**Communications Strategy** The Director of Corporate Affairs introduced the strategy and it was taken as read. It was noted that in the current climate clear aims were important especially in regard to internal staff engagement. An implementation plan was in place and underway. Dr McCall welcomed the strategy but felt that an overall section on listening needed to be included. Mr Thompson agreed to add this to the implementation plan. Mr Johns noted that due to the resourcing of the department the trust has a relatively low profile on social media in comparison to local acute trusts. Mr Thompson informed the Board that discussions were taking place through the STP regarding the sharing of resource, whilst recognising the independence of

	each organisation. Mr Conroy agreed that resourcing needed to be discussed as communications is strategically important. The strategy was approved subject to the addition of the listening section.
3.6	**Operational Plan and Budget Setting 17/18** The Director of Finance introduced the reports which were taken as read and informed the Board that the finance committee had discussed both documents in detail. As previously discussed the budget would be refreshed in M1 of 2017/18 and taken back to the finance committee for discussion. The Board approved the operational plan and budget.
3.7	**Board Assurance Framework (BAF) 2017/18** The Director of Corporate Affairs introduced the report to the Board and informed members that the document was a draft for approval of the risks and controls as described. The draft had been previously discussed at the May Audit Committee and the final version of the BAF would be received at the May Board meeting. Dr McCall requested that risk 4.1 be reworded to reference the implementation of the agreed STP plan rather than a preferred clinical model. The Board noted the report.
3.8	**Workforce Reports** **3.8.1 Staff Survey** The Deputy Director of Workforce introduced the report to the Board and informed the Board that action plans were being put in place to address areas where staff experience has statistically deteriorated. The trust is communicating the results and seeking feedback from staff on what the drivers for the deterioration are and what improvement the trust needs to make to improve staff engagement. The results of this work would be reported back to the Board. Mr Conroy informed the Board that the trust had signed up to a CQUIN linked to staff survey improvement. The Board noted the report.
4	**Any Other Business and closing administration**
4.1	**Any Other Business (AOB)** Mrs Brigstock informed the Board that the trust had launched a nursing associate test pilot and trainees had commenced on the pathway.

	Mr Tisi informed the Board that the trust would have a Human Tissue Act inspection in May. Mr Johns queried if there are any areas of concern to highlight to the Board. Mr Tisi informed the Board that following an SI, Steve Morgan, Director of Support Services had taken on overall responsibility for implementing more robust processes and an external peer review had taken place, the recommendations resulting had been implemented. Mr Johns informed the Board that it was Mr Thompsons last meeting as he was leaving the trust on secondment to the STP. The Board wished Mr Thompson well and thanked him for his hard work.
	Exclusion of the Press and Public The Board resolved under Standing Order 3.17.1 that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the matters to be transacted, publicity on which would be prejudicial for public interest. Members of the public were present.